2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Apr 20, 2004 00,00
1. Entity Name				Secretary of State
ROSCIOL	I INTERNATIONAL, INC.	en e		
Principal Place	e of Business	Mailing Address		,
3201 STATE		3201 STATE RD 84		
FT LAUDERDA	ALE, FL 33312	FT LAUDERDALE, FL 33312		
		The second secon		
ח	O NOT WRITE	IN THIS SPA	CE	01062004 No Chg-P CR2E034 (10/03) 4. FEL Number Applied For
				4. FEI Number Applied For 65-0012351 Not Applied For
			. 4.	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	gistered Agent		
ROSCIOLI, SHARON 3201 STATE ROAD 84 FORT LAUDERDALE, FL 33312				DO NOT WRITE IN THIS SPACE
8 The shove	named actify sufficient this statement for	he number of changing its register	ed office or register	red agent, or both, in the State of Florida.) am familiar with, and accept
	ions of registered agent.	to bushose or ensurability its register	de office of register	agos ig or a core in the court of Frontier. Full residence interference transfer
SIGNATURE_	Signature, typed or printed name of registered agent an	dille i applicable. (NOTE, Registere	d Agent signature requirer	d when reinstalling) DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Final Trust Fund Contribution		.00 May Be led to Fees
10.	OFFICERS AND D	IRECTORS		
TITLE	PD			
name	ROSCIOLI, ROBERT A.	. –		
STREET ADDRESS	3201 STATE ROAD 84		l .	
City-St-Zip	FORT LAUDERDALE, FL	ا استامان داده مهاد	i	UQQQQQ135 870
TiTLÉ	STD]	04/28/04-80074-013 150.00
NAME	ROSCIOLI, SHARON			
STREET ADDRESS	3201 STATE ROAD 84		1	
CITY-ST-ZIP	FT. LAUDERDALE, FL			
TITLE			i	
NAME			1	
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GITY-ST-ZIP	ļ			DO NOT WRITE
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NAME			1	
STREET ADDRESS	{		1	
City-ST-ZiP			1	
			1	
RTLE NAME			1	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2004

(954) 581-9200

Date

Daytime Phone #